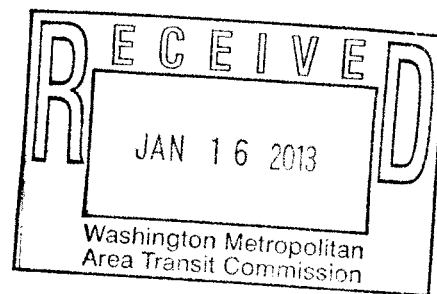


Washington Metropolitan Area Transit Commission

2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1874	Martin's Sedan Service LLC			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
18228 Darnell Drive		Olney	MD	20832-1730
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
Mailing Address (if different from street address)				
(301) 260-9393		(301) 260-9394	info@martinssedanservice.com	
*Telephone	Other Telephone	Fax	E-mail	

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.
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3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Julian A. Martin	President		
*Name	*Title		
(301) 260-9393	(301) 674-7845	(301) 260-9394	julian@martinssedanservice.com
*Telephone	Other Telephone	Fax	E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process	Telephone	E-mail
Agent Address (must be inside Metropolitan District)	Apt./Suite	City
	State	Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. Include all required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
✓	2008	Lincoln	2LNHM85W48X646329	43773B	MD	4	N
✓	2011	Lincoln	2LMHJ5FR3ABJ18465	03666LM	MD	4	N
✓	2003	Lincoln	1L1FM81W634674544	03315LM	MD	10	N
✓	2009	Chevy	1GNFC13539R102942	46317B	MD	5	N
✓	2007	Chevy	3gnFK163X76322170	38595B	MD	7	N
✓	2011	Toyota	4T1BK3DB5BU382968	46302B	MD	4	N
✓	2011	Ford	1FTNS24L69DA27161	08943P	MD	13	N
	2011	Ford	2FMDK4KC8BBA64990	37980B	MD	4	N
	2012	Mercedes	WDZPE8CC0C5698119	10298P	MD	14	N

7. ***CERTIFICATION:**

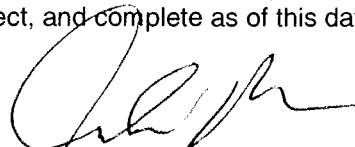
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Julian Martin

*Name (type or print)

President

*Title (not required for sole proprietors)



*Signature

1-14-13

*Date